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AUG 09 2005

FACSIMILE COVER SHEET

Deliver to: Shawn S. An, USPTO

Art Group: 2613

Facsimile No.: 571-273-8300

Date: August 9, 2005

From: Paul A. Mendonsa, Reg. No. 42,879

Our Docket No.: 4860P2739

Number of pages 17 including this sheet.

Application No.: 10/041,750

Filing Date: 1/7/2002

Enclosed are the following documents:

Docket Due Date(s): 9/10/2005

- Amendment: After Final (13 pgs)
- Appeal Brief (pgs)
- Application: _____
(pgs) w/cover & abstract)
- Assignment & Cover Sheet (pgs)
- Certificate of Facsimile _____
- Continued Prosecution Application (CPA)
- Declaration & POA (pgs)
- Drawings: sheets, figures
- Extension of Time: _____
- Fee Transmittal (in duplicate)
- IDS & PTO/SB/08 (pgs)
- Other _____

- Issue Fee Transmittal
- Notice of Appeal
- Petition for: _____
- Request for Continued Examination (RCE)
- Reply Brief (____ pgs)
- Request & Certification Under 35 USC 122(b)(2)(B)(i)
- Request to Rescind Previous Nonpublication Request
- Response to Notice of Missing Parts & Formalities Letter
- Response to Written Opinion (____ pgs)
- Terminal Disclaimer
- Transmittal of Publication Fee Due
- Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

R.L.B.
Rachael L. Brown

8/9/2005

Date _____

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TRANSMITTAL FORM

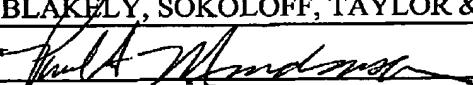
(to be used for all correspondence after initial filing)

		Application No.	10/041,750
		Filing Date	January 7, 2002
		First Named Inventor	Jason KJivington
		Art Unit	2613
		Examiner Name	Shawn S. An
Total Number of Pages in This Submission	17	Attorney Docket Number	4860P2739

ENCLOSURES (check all that apply)

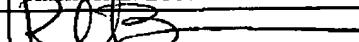
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; margin-top: 10px;">- Fax Cover Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 9, 2005

CERTIFICATE OF MAILING/TRANSMISSION

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Typed or printed name	Rachael L. Brown	Date	August 9, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete If Known	
Application Number	10/041,750
Filing Date	January 7, 2002
First Named Inventor	Jason Klivington
Examiner Name	Shawn S. An
Art Unit	2613
Attorney Docket No.	4860P2739

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	15	20*	=	0	X	Fee from below	=	Fee Paid
Independent Claims	3	3*	=	0	X	200.00	=	\$0.00
Multiple Dependent								

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1263	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	795	Extension for reply within fourth month	
1256	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	600	Request for oral hearing	
1451	1,510	2451	1,610	Petition to Institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	780	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	780	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		SUBTOTAL (2)		(\$)	

SUBMITTED BY

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778
Signature				Date	08/09/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		<i>Patent fees are subject to annual revision.</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	
		Application Number	10/041,750
		Filing Date	January 7, 2002
		First Named Inventor	Jason Klivington
		Examiner Name	Shawn S. An
		Art Unit	2613
		Attorney Docket No.	4860P2739

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	15	20*	= 0 x 50.00 =	\$0.00
Independent Claims	3	3*	= 0 x 200.00 =	\$0.00
Multiple Dependent				

Large Entity**Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1206	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		
		0.00		

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES**Large Entity****Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	610	Extension for reply within third month
1254	1,580	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	600	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		(\$)		
		0.00		
SUBTOTAL (2)		(\$)		

Fee Paid**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Paul Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778
Signature				Date	08/09/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/041,750	Confirmation No. 3969
Applicant	:	Jason Klivington	
Filed	:	January 7, 2002	
TC/A.U.	:	2613	
Examiner	:	An, Shawn S.	
Docket No.	:	4860P2739	
Customer No.	:	008791	

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Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

In response to the Office Action mailed June 10, 2004, please enter this amendment and consider the following remarks.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks begin on page 10 of this paper.